

United States District Court
Northern District of California

FILED

08 AUG 14 PM 2:49

RICHARD W. WIEKING
CLERK, U.S. DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

James Edward Lawson

VS

D Sallen

Dan Foy

Matt Goughneur

SA Warden

Counselor Mabne

Director of Corrections

case NO CV 08 3349 VRW

Requesting the Courts help

I James Lawson Being the plaintiff in this action am Asking the court to allow this case to go forward and in these Exhibit I will show the herassment I am receiveing in the grievance procedure here at SA

Exhibit A is An 602 Inmate appeal to get A Certificate of Funds signed for this case

it is written to the Appeals Coordinator Because the Counselor and Trust office and warden had filed to resposed in over 60 days and Ricardo Flores Bran CC II Answer to this was to say send it Back to the Counselor's also with this case is An Exhibit from the trust office saying the Counselor received this information Back in June and An Exhibit from the Counselor saying the information on this Issues was forward to the Inmate appeal Coordinator

Exhibit B is An Inmate Request for Information that was sent to Records They didn't Answer it instead scribble out Records and sent it ~~Back~~ unsigned

Exhibit C

Is An 602 written on The whole run around that I am get as I tryed to seek Administrative - Remedies

Exhibit D is An 602 on the Desk office not signing legal mail and it was sent to the west Block Sergeant written at the top of the 602 But was screened out saying it needed to be sent ~~to~~ the west Block Sergeant see the run around and herassment in the appeal procedure here at SQ

Exhibit E is An 602 written on the Counselor not Answering 602 and there Answer is to send it Back to the Counselor

Exhibit F is An 602 on C/O not giving Inmate form and They pay stupid Here Because they know what

forms there is only about five form. pass out to inmate
 But I said Rights to Appeal that mean 602 the Date
 is also on the 602 for when it occurred. So what
 is. Vague about it

All this will show the court that we are being given
 the run around with Administrative Remedies along with
 being harassed this is only A few 602 That I have
 written and Before this is over you will see many
 attempts to Exhaustion Administrative Remedies to NO Avail

I pray the Courts will see that I can't make SQ
 State prison sign A trust sheet nor Answer Inmate
 Appeals and I Ask that this go forward with
 and order from the Courts to order SQSP to
 given up the information the Court is needing to
 go forward in this case

I declare under ~~penalty~~ Penalty of perjury that this
 Information I offer throughout this Request is true
 and correct

August 11 2008

James E Lawson

James E Lawson

State of California

CDC FORM 695

Screening For:

CDC 602 Inmate/Parolee Appeals

CDC 1824 Reasonable Modification or Accommodation Request

Exhibit A

RE: Screening at the FIRST Level

August 7, 2008

LAWSON, T77697

2W72

Log Number: CSQ-4-

(Note: Log numbers are not assigned to screen out appeals, or informal level appeals)

The enclosed documents are being returned to you for the following reasons:

You have not included evidence of an attempt to resolve the problem at the Informal Level. The Informal Level of Review is waived for appeals of classification actions; serious disciplinarys; CSR actions; departmental regulations, policies or operational procedures; staff complaints; and exceptional circumstances as defined in CCR 3084.7. Obtain an informal response by sending your appeal directly to:

CORRECTIONAL COUNSELOR II- GRAY. THIS IS IN RESPONSE TO APPEAL RECEIVED 7/21/08 REGARDING COMPLETING ATTACHED FORM.

RICARDO FLORES BRAU
Correctional Counselor II

Appeals Coordinator
San Quentin State Prison

NOTE: Failure to follow instruction(s) will be viewed as non-cooperation and your appeal will be automatically dismissed pursuant to CCR 3084.4(d). This screening decision may not be appealed. If you believe this screen out is in error, please return this form to the Appeals Coordinator with an explanation of why you believe it to be in error, and supporting documents. You have only 15 days to comply with the above directives.

PERMANENT APPEAL ATTACHMENT – DO NOT REMOVE
--

Appeals Coordinator

INMATE/PAROLEE

APPEAL FORM

CDC 602 (12/87)

Location: Institution/Parole Region

Log No.

Category

2

1. _____

1. _____

2. _____

2. _____

You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

NAME	NUMBER	ASSIGNMENT	UNIT/ROOM NUMBER
James Lawson	T-77697		2W72

A. Describe Problem: I have Been waiting 60 days for my Counselor to ~~fill~~ fill out this form

If you need more space, attach one additional sheet.

B. Action Requested: I need this filed out ASAP NOW

Inmate/Parolee Signature: James E Lawson JUL 21 REC'D Date Submitted: 7-15-08

C. INFORMAL LEVEL (Date Received: _____)

Staff Response: _____

Staff Signature: _____ Date Returned to Inmate: _____

D. FORMAL LEVEL

If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.

Signature: _____ Date Submitted: _____

Note: Property/Funds appeals must be accompanied by a completed Board of Control form BC-1E, Inmate Claim

CDC Appeal Number:

Case Number: _____

CERTIFICATE OF FUNDS
IN
PRISONER'S ACCOUNT

I certify that attached hereto is a true and correct copy of the prisoner's trust account statement showing transactions of _____ for the last six months at

[prisoner name]

_____ where (s)he is confined.

[name of institution]

I further certify that the average deposits each month to this prisoner's account for the most recent 6-month period were \$ _____ and the average balance in the prisoner's account each month for the most recent 6-month period was \$ _____.

Dated: _____

[Authorized officer of the institution]

STATE OF CALIFORNIA
GA-22 (9/92)

INMATE REQUEST FOR INTERVIEW

DEPARTMENT OF CORRECTIONS

DATE 7-27-08	TO Records	FROM (LAST NAME) Records James Lawson	CDC NUMBER T-77697
HOUSING (2W)	BED NUMBER 72	WORK ASSIGNMENT RC	JOB HOURS FROM TO
OTHER ASSIGNMENT (SCHOOL, THERAPY, ETC.)			ASSIGNMENT HOURS FROM TO

Clearly state your reason for requesting this interview.

You will be called in for interview in the near future if the matter cannot be handled by correspondence.

I need copies of all parole reports and condition of parole for my 1983 complaint very soon Please send me A trust withdraw sheet so I can get the copies

Do NOT write below this line. If more space is required, write on back.

INTERVIEWED BY	DATE
DISPOSITION	

State of California

CDC FORM 695

Screening For:

CDC 602 Inmate/Parolee Appeals

CDC 1824 Reasonable Modification or Accommodation Request

Exhibit C

RE: Screening at the FIRST Level

August 5, 2008

LAWSON, T77697
2W72 L

Log Number: CSQ-4-

(Note: Log numbers are not assigned to screen out appeals, or informal level appeals)

The enclosed documents are being returned to you for the following reasons:

You have not included evidence of an attempt to resolve the problem at the Informal Level. The Informal Level of Review is waived for appeals of classification actions; serious disciplinarys; CSR actions; departmental regulations, policies or operational procedures; staff complaints; and exceptional circumstances as defined in CCR 3084.7. Obtain an informal response by sending your appeal directly to:

UNIT SERGEANT. THIS IS IN RESPONSE TO APPEAL RECEIVED 7/16/08 REGARDING PROCESSING OF APPEALS.

Appeals Coordinator
San Quentin State Prison

NOTE: Failure to follow instruction(s) will be viewed as non-cooperation and your appeal will be automatically dismissed pursuant to CCR 3084.4(d). This screening decision may not be appealed. If you believe this screen out is in error, please return this form to the Appeals Coordinator with an explanation of why you believe it to be in error, and supporting documents. You have only 15 days to comply with the above directives.

PERMANENT APPEAL ATTACHMENT – DO NOT REMOVE

Appeals Coordinator

**INMATE/PAROLEE
APPEAL FORM**
 CDC 602 (12/87)

Location: Institution/Parole Region

Log No.

Category

10

 1. _____
 2. _____

 1. _____
 2. _____

You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

NAME	NUMBER	ASSIGNMENT	UNIT/ROOM NUMBER
James C Lawson	T-77697		2W72

A. Describe Problem: I got these 602 Back from the Inmate Appeals Branch saying That the Institution and parole are available to assist me But The parole region PA III Matt Goughnour who this is written on has not Answered 602 in 3 months and my counselor here at SQ has not Answered Any 602 in over 50 day and I have not Been Able to the library in 6 week Because of A 15 person limit out of 500 ~~over~~ all of these issue have all Been 602 and setting on the warden & counselor Desk and I have A writ in to the courts Asking for A order to make them Answer them

Please Answer & Log these

If you need more space, attach one additional sheet.

B. Action Requested: I am Asking that All my 602 be Answered personally so that I can forward them to the courts in my 1983 claim it shouldn't take 2 Months to get An INFormal Response and I should not have to write five Different people

Inmate/Parolee Signature: James E Lawson JUL 16 RECD Date Submitted: 7-10-08

C. INFORMAL LEVEL (Date Received: _____)

Staff Response: _____

Staff Signature: _____ Date Returned to Inmate: _____

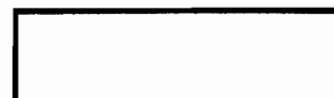
D. FORMAL LEVEL

If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.

Signature: _____ Date Submitted: _____

Note: Property/Funds appeals must be accompanied by a completed Board of Control form BC-1E, Inmate Claim

CDC Appeal Number:



State of California

CDC FORM 695

Screening For:

CDC 602 Inmate/Parolee Appeals

CDC 1824 Reasonable Modification or Accommodation Request

Exhibit D

RE: Screening at the FIRST Level

August 8, 2008

LAWSON, T77697

2W72


Log Number: CSQ-4-

(Note: Log numbers are not assigned to screen out appeals, or informal level appeals)

The enclosed documents are being returned to you for the following reasons:

You have not included evidence of an attempt to resolve the problem at the Informal Level. The Informal Level of Review is waived for appeals of classification actions; serious disciplinarys; CSR actions; departmental regulations, policies or operational procedures; staff complaints; and exceptional circumstances as defined in CCR 3084.7. Obtain an informal response by sending your appeal directly to:

UNIT SERGEANT. THIS IS IN RESPONSE TO APPEAL RECEIVED 7/29/08 REGARDING ACCESS TO COURTS.


Appeals Coordinator
San Quentin State Prison

NOTE: Failure to follow instruction(s) will be viewed as non-cooperation and your appeal will be automatically dismissed pursuant to CCR 3084.4(d). This screening decision may not be appealed. If you believe this screen out is in error, please return this form to the Appeals Coordinator with an explanation of why you believe it to be in error, and supporting documents. You have only 15 days to comply with the above directives.

PERMANENT APPEAL ATTACHMENT – DO NOT REMOVE
--

West Block SGR

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

INMATE/PAROLEE
APPEAL FORM
CDC 602 (12/87)

Location: Institution/Parole Region

Log No.

Category

1. _____

1. _____

2. _____

2. _____

You may appeal any policy, action or decision which has a significant adverse effect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

NAME	NUMBER	ASSIGNMENT	UNIT/ROOM NUMBER
James E Lawson	T-77697		2W72

A. Describe Problem: on 7-25-08 on 3rd watch the 90 working the Desk would not sign my legal mail first he told me that A 602 was not legal and I had to argue with him that A 602 is A part of the appeals process and one written on A parole agent to the Parole Region is Legalmail and after he realized I was right he told me that its Friday and he is not taken any legal mail

since when is there A time limits on legal mail None of this is in the DOM or Title 15 US mail runs until 12:00pm on Saturdays Just BK mail Don't come into Inmate on Saturday Does not mean it doesn't go out

If you need more space, attach one additional sheet.

B. Action Requested: stop manipulating the Rules and properly slowing Down Inmate access to the courts

Inmate/Parolee Signature: James E Lawson

JUL 29 REC'D

Date Submitted: 7-25-08

C. INFORMAL LEVEL (Date Received: _____)

Staff Response: _____

Staff Signature: _____ Date Returned to Inmate: _____

D. FORMAL LEVEL

If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.

Signature: _____ Date Submitted: _____

Note: Property/Funds appeals must be accompanied by a completed Board of Control form BC-1E, Inmate Claim

CDC Appeal Number:



State of California
CDC FORM 695
Screening For:
CDC 602 Inmate/Parolee Appeals
CDC 1824 Reasonable Modification or Accommodation Request

Exhibit E

RE: Screening at the FIRST Level

August 7, 2008

LAWSON, T77697
2W72


Log Number: CSQ-4-

(Note: Log numbers are not assigned to screen out appeals, or informal level appeals)

The enclosed documents are being returned to you for the following reasons:

You have not included evidence of an attempt to resolve the problem at the Informal Level. The Informal Level of Review is waived for appeals of classification actions; serious disciplinarys; CSR actions; departmental regulations, policies or operational procedures; staff complaints; and exceptional circumstances as defined in CCR 3084.7. Obtain an informal response by sending your appeal directly to:

CORRECTIONAL COUNSELOR II- HUDGINS. THIS IS IN RESPONSE TO APPEAL RECEIVED 7/31/08 REGARDING OLSEN REVIEW.


RICARDO FLORES
Appeals Coordinator
San Quentin State Prison

NOTE: Failure to follow instruction(s) will be viewed as non-cooperation and your appeal will be automatically dismissed pursuant to CCR 3084.4(d). This screening decision may not be appealed. If you believe this screen out is in error, please return this form to the Appeals Coordinator with an explanation of why you believe it to be in error, and supporting documents. You have only 15 days to comply with the above directives.

PERMANENT APPEAL ATTACHMENT – DO NOT REMOVE
--

Appeals Coordinator

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

INMATE/PAROLEE
APPEAL FORM
CDC 602 (12/87)

Location: Institution/Parole Region

Log No.

Category

1. _____

1. _____

2. _____

2. _____

2

You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

NAME	NUMBER	ASSIGNMENT	UNIT/ROOM NUMBER
James E. Lawson	T-77697		2 W 72

A. Describe Problem: My counclor has many 602 that he is not Answered in over 45 day I have wrote the warden and CDCR in sacramento and marin Superior court and now you the counclor has A trust account sheet that he Needs to sign for A 1983 form I have Been waiting over 50 days on it and also I have requested an oweson review and got NO Answer

If you need more space, attach one additional sheet.

B. Action Requested: please help stop the herassment and stop slow playing my Dew process right sign my 602 give me copies of my file NOW

Inmate/Parolee Signature: James E. Lawson JUL 31 RECD Date Submitted: 7-7-08

C. INFORMAL LEVEL (Date Received: _____)

Staff Response: _____

Staff Signature: _____ Date Returned to Inmate: _____

D. FORMAL LEVEL

If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.

Signature: _____ Date Submitted: _____

Note: Property/Funds appeals must be accompanied by a completed

CDC Appeal Number:

Board of Control form BC-1E, Inmate Claim



Exhibit F

State of California
CDC FORM 695
Screening For:
CDC 602 Inmate/Parolee Appeals
CDC 1824 Reasonable Modification or Accommodation Request

RE: Screening at the FIRST Level

August 7, 2008

LAWSON, T77697
2W72

Log Number: CSQ-4-
(Note: Log numbers are not assigned to screen out appeals, or informal level appeals)

The enclosed documents are being returned to you for the following reasons:

This appeal constitutes an abuse of the appeal process pursuant to CCR 3084.4. Your appeal cannot be understood or is obscured by pointless verbiage or voluminous unrelated documentation CCR 3084(c).

ISSUES STATED ARE VAGUE. WHEN DID EVENT OCCUR? WHAT FORMS ARE YOU REFERRING TO? THIS IS IN RESPONSE TO APPEAL RECEIVED 7/21/08 REGARDING UNPROFESSIONAL STAFF.

RICARDO FLORES BRAU
Correctional Counselor II
Appeals Coordinator
San Quentin State Prison

NOTE: Failure to follow instruction(s) will be viewed as non-cooperation and your appeal will be automatically dismissed pursuant to CCR 3084.4(d). This screening decision may not be appealed. If you believe this screen out is in error, please return this form to the Appeals Coordinator with an explanation of why you believe it to be in error, and supporting documents. You have only 15 days to comply with the above directives.

PERMANENT APPEAL ATTACHMENT – DO NOT REMOVE
--

Appeals Coordinator

INMATE/PAROLEE
APPEAL FORM
CDC 602 (12/87)

Location: Institution/Parole Region

Log No.

Category

9

1. _____

1. _____

2. _____

2. _____

You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

NAME	NUMBER	ASSIGNMENT	UNIT/ROOM NUMBER
James E Lawson	T-77697		2W72

A. Describe Problem: 3 or 4 times now C/O Davis of West Block has told me that there is no farms and the state is broke I have written the warden about this and got no Answer. this is A Violation of Title 15 3084.1 Rights to Appeal plus Employee conduct to Inmate

If you need more space, attach one additional sheet.

B. Action Requested: C/O Davis need to be reprimanded and you need to stop Violating Inmate Right and your own Rules

Inmate/Parolee Signature: James E Lawson JUL 21 RECD Date Submitted: 7-15-08

C. INFORMAL LEVEL (Date Received: _____)

Staff Response: _____

Staff Signature: _____ Date Returned to Inmate: _____

D. FORMAL LEVEL

If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.

Signature: _____ Date Submitted: _____

Note: Property/Funds appeals must be accompanied by a completed Board of Control form BC-1E, Inmate Claim

CDC Appeal Number:



James Lawson T-77607
SQ SP
San Quentin Ca 9497



Office of the Clerk
US District Court
Northern District of California
450 Golden Gate Avenue
San Francisco California 94102

DO

8/11/08

CLERK OF DISTRICT COURT
SOUTHERN DISTRICT OF CALIFORNIA

VRW